

Maine Department of Agriculture

Division of Animal and Plant Health

28 State House Station

Augusta, ME 04333

(207) 287-3891

www.maine.gov/agriculture/pi**OFFICE USE ONLY**

Date Fee Rec'd: _____

Amt of Fee: _____

License #: _____

Date Issued: _____

APPLICATION FOR A LICENSE TO SELL PLANTS(Renewal ☒ **X** or New _____)

Maine Revised Statutes Annotated (Title 7 MRSA sec.2171) requires that all businesses selling plants, defined as Nursery Stock, obtain a license. (See back of application for definitions.)

1. **Name of Firm** (or Individual): _____2. **Firm location/Street Address:** _____

Town: _____ County: _____ Zip Code: _____

3. **Name of Proprietor/Manager** _____ Location Phone# _____4. **Mail Address:** _____ Town: _____ State: _____ Zip Code: _____5. **E-Mail address:** _____ **Website:** _____6. **Address of Branch Offices or Other Sales Locations:** Each permanent sales location must be licensed.

Attach a separate sheet, include address, manager's name, phone # and any other information required on this form.

7. **Plant Sales at Your Operation Include:** Check all that applya. ☐ Wholesale ☐ Retailb. ☐ Plants that I grow ☐ Plants that are grown by otherc. ☐ Annuals ☐ AquaticPlants ☐ Bulbs ☐ Fall Mums ☐ House Plants ☐ Perennials ☐ Poinsettias ☐ Woody Plants☐ Other (Please Specify _____)d. I am growing and/or selling plants: ☐ All Year ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July☐ August ☐ September ☐ October ☐ November ☐ December8. **Size of Growing Area:** Greenhouse Growing Area in Square Feet: _____

Field Growing Area in Acres: Perennials _____ Woody Plants _____

9. **Sources of Plants:** List major suppliers of plant material that are sold, but not produced by your company.

Name	Address (minimum town and state)	Type of Plants (annuals, woody etc)

10. **Directions to Location** (include directions and/or a map): _____

11. **LICENSE FEE:** A fee of \$25.00, \$5.00 or no fee is required for each license issued. (Fee schedule and declaration on back of application.) Make check payable to TREASURER, STATE OF MAINE and return form to above address.

12. **Signature:** _____ **Date:** _____